NC DIVISION OF PUBLIC HEALTH 2017 ANNUAL CHILD CARE IMMUNIZATION REPORT



Before beginning this report, please read the instructions on the back.

1. County			2.	Facility ID								
3. Child Care Type (check all that app									•			
☐ Child Care Center ☐ Family Child Care Home ☐ NC Pre-K			☐ Head Start ☐ Religious-Sponsored ☐ Before and After <u>Only</u>									
4. Facility Name												
5. Address												
6. City			7. Zip Code									
8. Phone Number ()			9. Operator's Name									
10. Operator's Email												
11. Name of person completing report			12. Email of person completing report									
 13. Total number of children enrolled: _												
Do not count children who attend electric children, including those who arrived 14. Record the NUMBER OF CHILDREN 2900B) to complete this chart:	l within 30 calen	ıdar days.										HS
Age Group	Number of children enrolled	Up To Date	9*	Not Up To Date*)	Medical Exemption	1*	_	gious ption*		Reco empt	ord Or tion*
0 through 24 months												
24 months up to the first day of kindergarten												
TOTAL												

Once the chart is complete, you may submit this report electronically at https://www.surveymonkey.com/r/air child care 2017 or mail the report back to the North Carolina Immunization Branch.

NC DIVISION OF PUBLIC HEALTH INSTRUCTIONS FOR THE 2017 ANNUAL CHILD CARE IMMUNIZATION REPORT

- Complete and submit only one report per license per year. If your facility is closed or has no children, please use the reporting link, fill out the information for your center or home, and mark zero for all questions after #13.
- Do not submit any child's individual immunization records to the North Carolina Immunization Branch.
- Complete reports by Friday March 17, 2017. You may submit the report electronically or mail the report back to the North Carolina Immunization Branch.

Failure to submit an annual child care immunization report per G.S. 130A-155 will be reported to the Local Health Director for your county.

Instructions:

- 1. County Enter the county where you are located.
- 2. Facility ID This is your license number. If you do not know your facility ID number, please contact the Division of Child Development and Early Education or search for your facility at http://ncchildcaresearch.dhhs.state.nc.us/
- 3. Child Care Type Choose the best description of your facility type. Check all that apply.
- 4. Facility Name Enter your facility's name as it appears on your NC Child Care License.
- 5. Address
- 6. City
- 7. Zip Code
- 8. Phone Number
- 9. Operator's Name
- 10. Operator's Email Enter if applicable.
- 11. Name of the person completing report Enter the person who is responsible for the content of the report. This is used in case there is a question about your report.
- 12. Email of the person completing report Enter a valid business email address to contact you in case there is an issue, if applicable.
- 13. Total number of children enrolled Enter the total number of children enrolled, from newborn through prekindergarten age children who attend your center or home on a regular basis (at least once per week for more than four hours but less than 24 hours per day). This number should be the same as the TOTAL number of children in each age group (sum of the first column of the table in question #14). Include children who are within the 30calendar day grace period of enrollment, regardless of their immunization status. Do not include any children born after January 15, 2017 or children who attend elementary school full time.
- 14. Complete each box as labeled with the number of children in each age group. Use the age worksheets (DHHS 2900B) to help determine which children are up to date for their age. Children are required to be up to date, have an exemption on file, or be in process (see definitions below) to attend child care at minimum age requirements, or the operator shall not permit the child to attend child care, per public health law. For children who are within their 30-calendar day grace period, report them like you would any other child.

*Definitions:

Medical Exemption: A signed statement from a physician licensed to practice medicine in North Carolina. The statement must explain the specific reason why each vaccine is detrimental to the child's health and the length of time the exemption will apply. This is either DHHS 3987 or a signed statement from the State Health Director that grants this exemption. A doctor's note or parent statement is not sufficient for a Medical Exemption. A Medical Exemption is not proof of immunity

Religious Exemption: A parent or guardian's written statement explaining that it is against their bona fide religious belief to have their child immunized. This statement must include the name and date of birth of the person for whom the exemption is being requested. These statements do not need to be notarized, signed by a religious leader, or prepared by an attorney. They do not need to be submitted to the North Carolina Immunization Branch for review or approval.

No Record or Exemption: Children who have neither an immunization record nor an exemption on file. This may include children who are within the first 30 calendar days of attendance. After 30 calendar days from the child's first day of attendance, the operator shall not permit the child to attend child care until the immunization record has been obtained. Not Up To Date: There are two ways a child can be not up to date:

- A child has not received the required immunization by the legally specified age.
- A child is "in process," meaning he or she has begun a series of immunizations, but has not completed the series due to the medical need to meet minimum intervals between doses. This child may continue to attend child care.

Note: A doctor's note stating that a child is not up to date on vaccinations because they are following an alternative schedule DOES NOT excuse or exempt children from the minimum immunization requirements for child care entry.